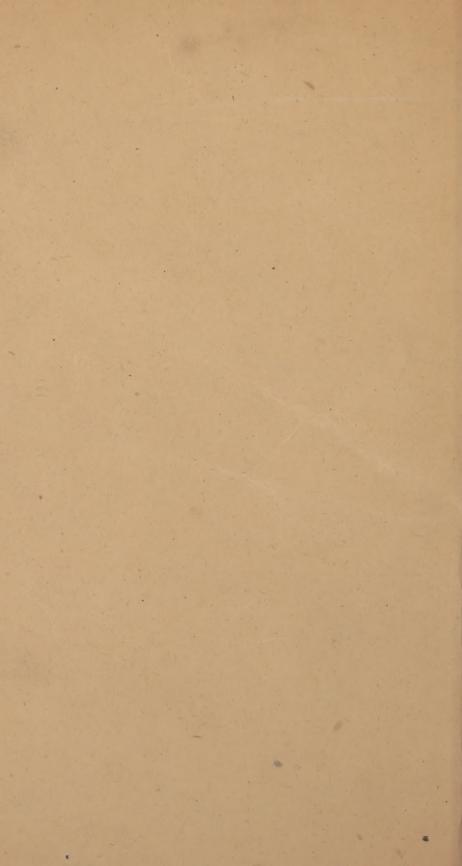
## SELIGMANN. (H) ON Cysts of the auricle





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## ON CYSTS OF THE AURICLE.

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Translated by A. SCHAPRINGER, M.D., of New York.

THE observations on formation of cysts in the auricle, published by Hartmann, in the last volume of these Archives (p. 133), have induced me to publish the following case, which tends to corroborate this author's view concerning the difference between the formation of cysts and that of hæmatoma.

Herr W., æt. thirty-five, of robust and florid appearance, wearing a full blonde beard, and with sound intellect, applied to me on May 23, 1885, on account of a swelling of two months' duration, occupying the usual situation of othæmatoma between the upper portions of the helix and the anthelix of the right ear. The skin was very tense and somewhat hot. The swelling itself had the size of a walnut, was round, tense, smooth, and not tender to the touch. The rest of the cartilage was normal. Traumatism could be positively excluded. The patient not consenting to an incision, I tapped the swelling by means of a Pravaz syringe, and evacuated about 3 ccm of a thick, transparent fluid of a lightyellow color. The place of the puncture was covered with a piece of adhesive plaster, and the pinna being padded with cotton, a bandage was applied.

The patient did not put in appearance a second time, but through a friend of his I learned, about five months later, that a little of the fluid had collected again after the puncture, but that it disappeared again, and that the ear now presented the same appearance as the other.

The morphological elements contained in the liquid were some

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mucous threads, some white and very few red blood corpuscles. There was no trace of any products of the disintegration of red blood corpuscles. This circumstance, taken in connection with the absence of traumatism and of pain, and the intact general health of the patient, leaves no doubt that this was not a case of othæmatoma, but of cyst.

In regard to the treatment, I would say that in the next case I would first try multiple puncture, and incise only in case this should fail to cure. Massage and a compressive bandage would be connected with more inconvenience than the slight discomfort of the patient would warrant.





